(a) whether it is a fact that not only indigenous but imported drugs could also be spurious;

(b) if so, the action taken against those involved in trading of spurious drugs;

(c) whether it is also a fact that an international racket is involved in spreading the business of spurious drugs alongwith face currency; and

(d) if so, the steps taken to save the common man from the scourage of spurious drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. The imported drugs could also be spurious.

(b) Under section 27 of the said Act, however, himself or by any person on his behalf manufactures for sale or for distribution, or sells, or stocks or exhibits or offers for sale of distributes any drug deemed to be spurious under section 17-B of the said Act, shall be publishable with imprisonment for a term which shall not be less than three years but which may extend to five years and with fine which shall not be less than five thousand rupees. Further, Under section 18 of the said Act, State Licensing Authority is empowered to prohibit the manufacture and sale of spurious drugs.

(c) No specific information has come to notice of the Government.

(d) However, with a view to strengthen the preventive measures in this regard, the Government has introduced the Drugs and Cosmetics (Amendment) Bill, 2005 in the Parliament to provide for more stringent punishment to the offenders.

Extinction of Herbal Plants

852. SHRI B.S. GNANADESIKAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that many pharmaceutical companies are exploiting herbal plants for their commercial purposes against the permitted levels;

(b) whether Government is also aware that due to such unabated exploitation of the plants many medicinal plants are now becoming extremely rare;

(c) whether there is any committee to monitor the quantity of the herbs extracted by licenced pharmaceutical companies; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There is no such information. However, as per report of study undertaken by National Medicinal Plants Board through Foundation for Revitalization of Local Health Traditions (FRLHT), Bangalore about 960 species of medicinal plants are in trade, of which, 178 species are in high demand with annual consumption

exceeding 100 metric tones (MT). Out of these, 21 plants are sources from temperate forests and 72 from the tropical forests.

(c) and (d) Although there is no such committee to monitor the quantity of herbs extracted by pharmaceutical companies, Government has issued a draft notification under the Drugs & Cosmetics Act, 1940 requiring the pharmaceutical industries to maintain and furnish information on the raw material used by them and source thereof. This will help in better regulation of the medicinal plants trade by imparting transparency and traceability.

Procurement of medicines

853. SHRI TARIQ ANWAR: Will the minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that some government agencies are procuring medicines at prices higher than the retailer;

(b) if so, the names of such Government Departments with the name of the authority responsible for the purchases; and

(c) what action Government is taking against those who are involved?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS):

(a) to (c) Information is being collected and will be laid on the Table of the House.

Ratio of PHCs

854. SHRI MOINUL HASSAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the ratio of Primary Health Centres (PHCs) in one lakh population in rural and urban areas, State-wise and Union Territory-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): A Primary Health Centre (PHC) in a rural area is opened as per the population norm of 1 per 30,000 population in general areas and 1 per 20000 population in tribal/desert areas. As on March, 2007, there are a total of 22370 PHCs functioning across the country in rural areas. State-wise details showing the number of functioning PHCs in each State/UT is given at Statement-I (*See* below).

Another detail showing the State-wise urban population (Census 2001) and number of Urban Family Welfare Centres and Urban Health Posts is given at Statement-II (*See* below).

As per norms, there are 4 to 6 PHCs per one lakh population in the country in rural areas.